

BEST AVAILABLE COPY

JE4/953

C.C.  
01-17-01 MD  
11/8/01

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	32 953	1/5 01-16-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ..... Rejected
- ..... Allowed
- (Through numeral)..... Canceled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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